

Certification of Application

I certify the application of the _____ (name of applicant) to be true and accurate to the best of my knowledge. On behalf of all organizations participating in this application, I hereby assure and certify that I will comply with all regulations, policies, guidelines and requirements pertinent to the application and to the use of Federal funds. If this application is approved, I certify that the project will begin promptly, and will be completed as described.

Name of person authorized to apply for grant funds for the APPLICANT ORGANIZATION

Title of person authorized to apply for grant funds for the APPLICANT ORGANIZATION

Mailing address of person authorized to apply for grant funds for the APPLICANT ORGANIZATION

Signature of person authorized to apply for grant funds for the APPLICANT ORGANIZATION

Date

— **IMPORTANT** —

**This form MUST be postmarked March 19, 2007
in order to be eligible for consideration. Please type or print clearly.**

MAIL COMPLETED APPLICATION TO:

Grants Administrator
Library Development Division
1100 West Washington Street
Phoenix, AZ 85007-2935

GladysAnn Wells, Director - Arizona State Library, Archives and Public Records

Date